Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name SUBWAY (SPRING ST) Address 411 WEST SPRING STREET, NEW ALBANY IN 47150 Owner						Telephone Number 812-945-9330 502-741-1994 Purpose	Date of Inspection 08/05/2020 Follow Up	ID#
DEEPAK TIWARI						X Routine	ronow op	Reicaseu
Owner's Address 5506 TIMBER RIDGE DR. PROSPECT, KY 40059						Follow-up Complaint		
Person in Charge RAHUL VASISHT						Pre-Operational		
Responsible Person's Email DEEPAKTIWARI@YAHOO.COM						TemporaryHACCP	Menu Type 1 2 _X 3	4 _ 5 _
Certified Food Handler RAHUL VASISHT						Other (list)		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"								
Section # C	C NC R Narrative To Be Corrected							
297 297 346 347 415	X X X X		Observed lobby Observed no har Observed no har	ice chute to have old tea filter bulb to hav nd soap availaible at nd drying provisions ougs in lobby light sl	e build-up prep line l available		TODAY TODAY TODAY TODAY TODAY	
Summary of Violations C <u>0</u> NC <u>5</u> R <u>0</u>								
Received by (name and title printed): RAHUL VASISHT						Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST		
Received by (signature):						Inspected by (signature):		
cc:				cc:			cc:	